

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		3/19
O.I.P.E. CLASSIFIER		8	3-24-99
FORMALITY REVIEW	HA	43390	3/30/99

INDEX OF CLAIMS

☒ Rejected N Non-elected
☐ Allowed I Interference
 (Through numeral) Canceled A Appeal
☐ Restricted O Objected

Claim	Final	Original	Date
1			6/1/99
2			10/1/99
3			11/1/99
4			12/1/99
5			1/1/00
6			2/1/00
7			3/1/00
8			4/1/00
9			5/1/00
10			6/1/00
11			7/1/00
12			8/1/00
13			9/1/00
14			10/1/00
15			11/1/00
16			12/1/00
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18			2/1/01
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30			2/1/02
31			3/1/02
32			4/1/02
33			5/1/02
34			6/1/02
35			7/1/02
36			8/1/02
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39			11/1/02
40			12/1/02
41			1/1/03
42			2/1/03
43			3/1/03
44			4/1/03
45			5/1/03
46			6/1/03
47			7/1/03
48			8/1/03
49			9/1/03
50			10/1/03

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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